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PINE CREST NURSING HOME 2100 EAST 6TH STREET

MERRILL Phone: (715) 536-0355 Ownershi p: 54452 County Operated from 1/1 To 12/31 Days of Operation: 366 Highest Level License: Skilled Operate in Conjunction with Hospital? No Operate in Conjunction with CBRF? No Number of Beds Set Up and Staffed (12/31/00): 180 Title 18 (Medicare) Certified? Yes Total Licensed Bed Capacity (12/31/00): 180 Average Daily Census: 163 Number of Residents on 12/31/00: 165

Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/00)	%				
Home Health Care	No No	Primary Diagnosis	 %	Age Groups	 %	Less Than 1 Year	32. 1
Supp. Home Care-Personal Care	No					1 - 4 Years	40. 0
Supp. Home Care-Household Services	No	Developmental Disabilities	1. 2	Under 65	1.8	More Than 4 Years	27. 9
Day Services	No	Mental Illness (Org./Psy)	24.8	65 - 74	7. 3		
Respite Care	Yes	Mental Illness (Other)	2. 4	75 - 84	30. 3		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	48. 5	**********	******
Adult Day Health Care	No	Para-, Quadra-, Hemi plegi c	0.6	95 & 0ver	12. 1	Full-Time Equivalen	t
Congregate Meals	No	Cancer	3. 0			Nursing Staff per 100 Re	si dents
Home Delivered Meals	No	Fractures	6. 1		100.0	(12/31/00)	
Other Meals	No	Cardi ovascul ar	31. 5	65 & 0ver	98. 2		
Transportation	No	Cerebrovascul ar	6. 1			RNs	11. 4
Referral Service	No	Di abetes	5. 5	Sex	%	LPNs	1. 7
Other Services	No	Respi ratory	8. 5			Nursing Assistants	
Provi de Day Programming for		Other Medical Conditions	10.3	Male	22. 4	Aides & Orderlies	40. 5
Mentally Ill	No			Female	77. 6		
Provide Day Programming for			100.0				
Developmentally Disabled	No				100. 0		
**********	****	*********	*****	*****	*****	*******	******

Method of Reimbursement

		Medi	care		Medio	ai d											
		(Titl	e 18)	((Title	19)		0th	ıer	P	ri vate	Pay]	Manage	d Care		Percent
			Per Di	em		Per Die	m		Per Die	em		Per Dien	n]	Per Diem	Total	Of All
Level of Care	No.	%	Rate	No.	. %	Rate	No). %	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0.0	\$0.00	5	3. 7	\$119. 91	0	0. 0	\$0.00	0	0. 0	\$0. 00	0	0. 0	\$0.00	5	3. 0%
Skilled Care	9	100. 0	\$258. 22	119	88.8	\$102.90	4	100. 0	\$102.76	15	83. 3	\$112.00	0	0. 0	\$0.00	147	89. 1%
Intermediate				10	7. 5	\$85.89	0	0.0	\$0.00	3	16. 7	\$106.00	0	0. 0	\$0.00	13	7. 9%
Limited Care				0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0. 0%
Personal Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0. 0%
Residential Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0. 0%
Dev. Di sabl ed				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain In	j. 0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0. 0%
Ventilator-Depende	nt 0	0.0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0. 0%
Total	9	100. 0		134	100. 0		4	100. 0		18	100.0		0	0. 0		165	100.0%

PINE CREST NURSING HOME

Admissions, Discharges, and		Percent Distribution	of Residents'	Condi t	i ons, Servi ces, an	d Activities as of 12/	31/00
Deaths During Reporting Period							
				•	% Needi ng		Total
Percent Admissions from:		Activities of	%	As	sistance of	% Totally	Number of
Private Home/No Home Health	11.4	Daily Living (ADL)	Independent	0ne	Or Two Staff	Dependent	Resi dents
Private Home/With Home Health	2. 9	Bathi ng	2. 4		64. 8	32. 7	165
Other Nursing Homes	24. 3	Dressi ng	15. 8		65. 5	18. 8	165
Acute Care Hospitals	48.6	Transferring	29. 7		47. 9	22. 4	165
Psych. HospMR/DD Facilities	1.4	Toilet Use	32. 1		40. 0	27. 9	165
Rehabilitation Hospitals	0.0	Eati ng	46. 1		43. 0	10. 9	165
Other Locations	11.4	*********	******	*****	*******	*************	******
Total Number of Admissions	70	Conti nence		%	Special Treatmen	ts	%
Percent Discharges To:		Indwelling Or Externa	l Catheter	4. 2	Receiving Resp	iratory Care	6. 7
Private Home/No Home Health	3. 1	Occ/Freq. Incontinent	of Bladder	59. 4	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	1.6	Occ/Freq. Incontinent	of Bowel	27. 9	Receiving Suct	i oni ng	0. 6
Other Nursing Homes	1.6				Receiving Osto	my Care	3. 0
Acute Care Hospitals	3. 1	Mobility			Recei vi ng Tube	Feedi ng	1. 2
Psych. HospMR/DD Facilities	4.7	Physically Restrained		6. 1	Receiving Mech	anically Altered Diets	12. 7
Rehabilitation Hospitals	1.6						
Other Locations	0.0	Skin Care			Other Resident C	haracteri sti cs	
Deaths	84. 4	With Pressure Sores		3.6	Have Advance D	i recti ves	70. 9
Total Number of Discharges		With Rashes		8. 5	Medi cati ons		
(Including Deaths)	64				Receiving Psyc	hoactive Drugs	53. 9

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	Ownership:		Bed	Si ze:	Li c	ensure:			
	Thi s	Gov	ernment	100-	199	Ski l	lled	Al l	[
	Facility	Peer	Group	Peer Group		Peer	Group	Facilities	
	%	%	Rati o	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	90. 6	87. 0	1.04	82. 6	1. 10	84. 1	1. 08	84. 5	1.07
Current Residents from In-County	92. 7	75.8	1. 22	79. 7	1. 16	76. 2	1. 22	77. 5	1. 20
Admissions from In-County, Still Residing	70. 0	28. 9	2. 42	22. 3	3. 14	22. 2	3. 15	21.5	3. 26
Admissions/Average Daily Census	42. 9	81. 9	0. 52	126. 4	0.34	112. 3	0.38	124. 3	0.35
Discharges/Average Daily Census	39. 3	83. 2	0. 47	127. 9	0. 31	112.8	0. 35	126. 1	0.31
Discharges To Private Residence/Average Daily Census	1. 8	32. 1	0. 06	52. 7	0.03	44. 1	0.04	49. 9	0.04
Residents Receiving Skilled Care	92. 1	88. 8	1.04	89. 2	1.03	89. 6	1.03	83. 3	1. 11
Residents Aged 65 and Older	98. 2	89. 7	1.09	95. 1	1.03	94. 3	1.04	87. 7	1. 12
Title 19 (Medicaid) Funded Residents	81. 2	69. 4	1. 17	70. 7	1. 15	70. 1	1. 16	69. 0	1. 18
Private Pay Funded Residents	10. 9	20. 1	0. 54	19. 5	0. 56	21. 4	0.51	22.6	0.48
Developmentally Disabled Residents	1. 2	0.8	1. 60	0.9	1.38	0. 9	1. 32	7. 6	0. 16
Mentally Ill Residents	27. 3	47. 5	0. 57	36. 3	0.75	39. 6	0.69	33. 3	0.82
General Medical Service Residents	10. 3	15. 2	0. 68	19. 1	0. 54	17. 0	0. 61	18. 4	0. 56
Impaired ADL (Mean)	48. 8	50. 7	0. 96	48. 4	1.01	48. 2	1.01	49. 4	0. 99
Psychological Problems	53. 9	58. 0	0. 93	49. 3	1.09	50.8	1.06	50. 1	1.08
Nursing Care Required (Mean)	4. 5	6. 9	0. 66	6. 5	0. 70	6. 7	0.67	7. 2	0.64